Application Handbook For Federal Assistance Agreements

(Grants/Cooperative Agreements)

2005 Edition











Thank you for your interest in applying for a grant/cooperative assistance agreement with the U.S. Environmental Protection Agency (EPA), Region 10.

This Assistance Application Handbook has been designed to provide you with step-by-step guidance in preparing and submitting your assistance application package. In it you will find detailed instructions on preparing Work Plans and Detailed Budgets and filling out the application (SF 424) and budget summary (SF 424A) forms. You will also find instructions for submitting your application package and making sure it includes everything it should. Whether you are a first-time applicant, or are a returning assistance agreement recipient applying for new assistance or a continuation or amendment to an existing agreement, this handbook will be a useful tool for you.

This year, the United States Office of Management and Budget (OMB) is requiring all applicants for federal assistance to have a DUNS number, and include it on all application forms. Details of that requirement, along with instructions on obtaining a DUNS number if you do not yet have one, are included in Appendix C of this handbook. The application Standard Form 424 has been revised to include a space for your DUNS number. A blank copy of that form is included in Appendix A; an on-line source for that and other forms is provided in Appendix D. Please use the revised version when applying for EPA assistance.

If you are applying as a state government for programs covered by 40 CFR Part 35, Sub-part A, and are using a Performance Partnership Agreement as the basis for your work plan, please pay particular attention to the additional requirements found at Part 35, section 107 (c). Further work plan requirements for states and tribal entities applying for programs covered by 40 CFR Part 35, Sub-parts A & B are discussed on page 2 - 2 of this handbook.

I hope you find this handbook helpful as you apply for EPA assistance. Your comments and suggestions for improving it are welcome. Please send them to Bob Phillips at: phillips.bob@epa.gov. If you have any questions about completing your application, please feel free to contact my staff at (206) 553-5780.

Armina Nolan Manager, Grants Administration Unit EPA Region 10





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PART ONE: Before You Apply ...

... Be Aware of Your Grant Obligations!

An assistance agreement is a legally binding document. When you sign your assistance agreement, you are agreeing to observe and adhere to all regulations, terms and conditions governing your agreement. In addition to performing the work covered by your grant, you will be required to submit various reports and certifications on a regular schedule. You will be required to manage and administer your assistance agreement according to standards established by the applicable laws and regulations. Your compliance is expected and is subject to review.

Administration and Management

Every grant applicant and recipient should read and be familiar with the following:

If you are this type of grant applicant	Refer to these Office of Management and Budget Circulars	And these EPA regulations
State & Local Government; Indian Tribes	A-87 (Cost Principles) A-133 (Audit Requirements)	40 CFR Part 31 40 CFR Part 35 (if applicable).
Universities and Non- Profit Organizations	A-21 (Cost Principles for Educational Institutions) A-122 (Cost Principles for Non-Profits)	40 CFR Part 30
	A-133 (Audit Requirements)	

(Continued on the following page)







PART ONE: Before You Apply ... (Continued)

These circulars and regulations address the following basic areas:

Management Capabilities - Including:	Property Management Systems - Including:
• Personnel Policies	Supplies and Equipment
 Record Keeping Procedures 	• Inventory Controls
 Performance Reporting 	Loss Prevention/Insurance Coverage
	Disposition Policies
	Disposition 1 oncies
Financial Management Standards - Including:	Procurement Standards - Including:
Financial Management Standards - Including: • Accounting and Financial Reporting Systems	
	Procurement Standards - Including:

Indirect Costs

If your organization is a state or tribal organization and you plan to propose indirect costs as part of your grant project budget, you <u>must</u> have on file with the Region 10 Grants Administration Unit a current approved Indirect Cost Rate Agreement, or evidence that a current indirect cost rate proposal has been submitted to your cognizant agency. Further, you may not charge or claim any indirect costs for reimbursement if you do not have a negotiated Indirect Cost Rate Agreement. A copy of that agreement must be on file with the Region 10 Grants Management Office.

Local governments desiring to include indirect costs are required to prepare and retain a copy of their cost allocation plan at the local government level.

Entities other than State, local, and tribal organizations, desiring to include indirect costs, should contact the Grants Administration Unit for further information.

If your administrative and financial management systems do not meet these minimum requirements, terms and conditions, it is recommended that you do not apply for grant assistance at this time.

Regulations, OMB Circulars and other grant-related information are available on the internet at http://www.epa.gov/ogd/grants/regulations.htm

For additional assistance, contact the EPA Region 10 Grants Administration Unit at (206) 553-5780





PART TWO: The Work Plan & Detailed Budget

A Work Plan and Detailed Budget for your proposed project are *required elements of your application package*. There are no standard forms for either. You are welcome to use any format you wish. However, there are required criteria which your Work Plan and Detailed Budget must address.

The Work Plan

The Work Plan is a detailed narrative description of your project, including the various tasks involved and how you intend to accomplish them. Your Work Plan and Detailed Budget are linked, so the Work Plan should show how the budgeted items relate to the project tasks - how they will be used, and why they are needed.

When Developing Your Work Plan Do:

- ✓ Write clear and concise work plan elements.
- ✓ Break down objectives into logical, consecutive, clearly stated tasks or steps.
- ✓ Identify how each task will be accomplished.
- ✓ State expected products/outputs for each task, goal, and objective.
- ✓ Link personnel, equipment, and other budget costs from the Detailed Budget to the tasks/objectives listed in the work plan.
- ✓ Provide estimated time frames to accomplish the tasks

When Developing Your Work Plan Avoid:

- ✓ Vaguely defined goals, objectives, tasks, time frames, and outcomes.
- ✓ Leaving specific outputs/deliverables unidentified.
- ✓ Omitting time frames or resources for specific objectives or tasks.

You Might Find this Sample Work Plan Format Helpful

Objective 1: (Describe the objective and/or goal, purpose, etc.)

- <u>Task A</u> (Describe what will be done, by whom, other resources used (link to budget detail), by when, and the expected outcome or result).
- <u>Task B</u> (Describe what will be done, by whom, other resources used (link to budget detail), by when, and the expected outcome or result).

Objective 2: (Describe the objective and/or goal, purpose, etc.)

- <u>Task A</u> (Describe what will be done, by whom, other resources used (link to budget detail), by when, and the expected outcome or result).





PART TWO: The Work Plan & Detailed Budget . . . (continued)

There are additional **Work Plan** requirements if you are applying for an Assistance Agreement for any of the following programs subject to <u>40 CFR Part 35</u>:

CFDA#	Program Description	CFDA#	Program Description
66.001	Air Pollution Control Program Support	66.465	Performance Partnership Grants
66.032	State Indoor Radon Grants	66.700	Pesticide Cooperative Enforcement
66.418	State Administration of Construction Grant, Permit, and Planning Programs	66.700	Pesticide Applicator Certification & Training
66.419	Water Pollution Control	66.700	Pesticide Program Implementation
66.432	Public Water System Supervision	66.701	Toxic Substances Compliance Monitoring
66.433	Underground Water Source Protection	66.707	Lead-based Paint Program
66.454	Water Quality Management Planning	66.708	Pollution Prevention State Grants
66.460	Non-point Source Management	66.801	Hazardous Waste Management
66.461	Wetlands Development Grants Program	66.804	State Underground Storage Tanks
66.463	Water Quality Coop. Agreements (NPDES)	66.926	Indian Env General Asst. Program (GAP)

As required by <u>40 CFR Part 35</u>, at a minimum, work plans for these programs must contain the following:

- 1. Detailed description of Work Plan **components** to be funded under the grant;
- 2. Estimated **work years** or Full Time Equivalents (FTEs) and **funding amounts** for each Work Plan component;
- 3. Work Plan **commitments** for each Work Plan component and **time frames** for their accomplishment;
- 4. **Performance evaluation process** and **reporting schedule** in accordance with Part 35;
- 5. **Roles and responsibilities** of recipient and EPA in carrying out work plan commitments.

A sample Work Plan that satisfies these requirements is included in <u>Appendix B</u> of this handbook.

The Work Plan should include only <u>eligible</u> activities under applicable statutes and program guidance. Please contact your EPA Project Officer with any questions concerning the preparation of your Work Plan.





PART TWO: The Work Plan & Detailed Budget . . . (continued)

The Detailed Budget

- A **Detailed Budget** is a *required* part of your complete application package. It goes hand-in-hand with your **Work Plan**, which should discuss the need for each budgeted item.
- It will also provide the essential budget information needed for the Budget Information, Standard Form 424A, which is part of your application (see Part Four of this handbook).
- Without a Detailed Budget, EPA will not be able to adequately review your grant proposal and your application will be rejected.

How Much Detail is Enough?

Please include information that shows how you arrived at your estimated costs, i.e. what is the basis for your calculations? At a minimum, your detailed budget must follow these criteria, using these budget categories:

- <u>Personnel</u> List all staff positions for the project by title. Give annual salary or hourly rate, percentage of time or number of hours allotted to the project, and total cost for the project period. *The total for this category will be entered on Standard Form 424A, Section B, Line 6.a.*
- <u>Fringe Benefits</u> Identify the percentage used for your calculation, the basis for its computation, and what benefits are included. *This amount will be entered on Standard Form 424A*, *Section B*, *Line 6.b.*
- <u>Travel</u> Indicate the budgeted travel's purpose, the destination of each trip, the duration of the trip and the number of travelers. Specify the mileage, per diem, and other costs for each type of travel, such as lodging, common carrier transportation, etc. If each trip cannot be itemized out, describe how you arrived at your budgeted costs. For example: "Travel costs are based on last year's actual costs for the same work tasks. This year's travel effort is estimated to be the same." *This amount will be entered on Standard Form 424A, Section B, Line 6.c.*
- <u>Equipment</u> Identify each item to be purchased which has an estimated acquisition cost of \$5,000 or more per unit and a useful life of more than one year. Items with a unit cost of less than \$5,000 are deemed to be supplies, pursuant to 40 CFR 31.3 and 30.2. If applicable, indicate why it is more economical to purchase rather than lease. *This amount will be entered on Standard Form 424A*, *Section B, Line 6.d.*





PART TWO: The Work Plan & Detailed Budget . . . (continued)

- <u>Supplies</u> "Supplies" means all tangible personal property, other than "equipment". The detailed budget should identify categories of supplies to be procured (e.g., laboratory supplies or office supplies), and their cost. *This amount will be entered on Standard Form 424A, Section B, Line 6.e.*
- <u>Contractual</u> Identify each proposed contract and specify its purpose and estimated cost. Provide information on how the estimates were arrived at. *This amount will be entered on Standard Form 424A*, *Section B*, *Line 6.f.* NOTE: Applicants should review EPA's regulations concerning procurement and the need to provide justification for sole source agreements and documentation concerning cost-price analysis for contracts and other agreements. If your project requires the hiring of consultants, you should be aware of the limits on allowable consultant costs.

If your project requires the hiring of **consultants**, the maximum allowable consultant rate cannot exceed the maximum daily rate for a Level IV of the Executive Schedule, adjusted annually. For 2004, that rate is \$65.60 per hour (\$524.80/day). This excludes overhead, travel, and subsistence costs for travel. To find the most current annual rate go to: www.opm.gov/oca/. Your detailed budget MUST show the hourly or daily rate you are proposing (for example: consultant 24 hours X \$60.00 per hour = \$1440)

- <u>Other</u> Include items here which do not fit in the other specific budget categories. List each item separately and provide sufficient detail for EPA to determine the reasonableness and allowability of its cost. *This amount will be entered on Standard Form 424A*, *Section B*, *Line 6.h.*
- <u>Indirect Charges</u> If indirect charges are budgeted, indicate the approved rate and base. Show the calculations. *This amount will be entered on Standard Form 424A*, *Section B, Line 6.i.*

Some Helpful Tips:

- 1. Check ALL calculations for accuracy.
- 2. The **detailed budget** cost categories must include the amount being requested from EPA *plus* any required or voluntary cost share/match.
- 3. At the conclusion of your detailed budget, be sure to show the Total Project Cost.
- 4. Be sure to include any cost share/match amount on both the detailed budget and the Standard Form 424A.
- 5. Be sure the Budget Categories you use on the detailed budget match those on the Standard Form 424A. If not, your application will be returned for correction. The reviewers of grant applications *will not* re-write detailed budgets to conform to these categories.
- 6. **IMPORTANT** information on **Program Income** If you anticipate earning program income as a result of your EPA award, show the estimated amount, explain how it is to be earned, AND if you would like to use the program income on this project, be sure to include the amount in your detailed budget.
- 7. If items that are generally considered to be indirect costs are included as direct costs (such as rent, utilities, office supplies) please explain why they are being charge as direct costs.





PART TWO: The Work Plan & Detailed Budget . . . (continued)

Sample Detailed Budget

Personnel

Position/Title	Annual Salary	Percent of Time Allotted to Project	<u>A1</u>	<u>mount</u>
Project Manager	\$70,000	50%	\$ 3	35,000
Env. Specialist	60,000	100%	(60,000
Env. Health Tech	45,000	100%	2	45,000
Accountant	50,000	50%	2	25,000
Total Personnel			\$1	65,000
Fringe Benefits	20% of basic salary. Retirement, Health C Insurance	Includes: are, Annual and Sick Leave, Life	\$ 3	33,000
<u>Travel</u>				
In-State Travel	For off-site meetings 100 miles per trip x 4 4000 miles x \$.36 pe	0 trips =	\$	1,440
Out of State Travel	EPA Meetings, tentar 2 meetings x 3 nights	tively scheduled for Seattle, WA. s per meeting =		
	6 nights x \$140 lodgi people	ng/per diem per person x 2	\$	1,680
	Airfare: \$500 per per	son per trip	\$	2,000
Total Travel			\$	5,120





PART TWO: The Work Plan & Detailed Budget . . . (continued)

	Sample Detailed Budget (continued)	
Equipment	Level "A" Protective Clothing and Respirator Apparatus 2 @ \$5,000 each	\$ 10,000
Supplies (show how	Office Supplies	\$ 2,000
these costs were estimated).	Laboratory Supplies	\$ 3,000
Total Supplies		\$ 5,000
<u>Contractual</u>	Design and implementation of data tracking system. Quoted estimate. See Work Plan Task #2. (show how these costs were estimated).	\$130,000
	Consultant for in-house and field staff training in use of data tracking system. 15 days @ \$40 per day	\$ 6,000
Total Contractual		\$ 136,000
Other (show how these costs were estimated).	Lab Fees (including special sample packing)	\$ 4,000
	Postage	\$ 2,000
	Printing and Reproduction Services	\$ 5,200
Total Other		\$ 11,200
Total Direct Costs		\$365,320
Indirect Costs	25% on a base of \$244,320 base = total direct cost (\$365,200) less capital equipment (\$10,000) less the amount of each contract in excess of \$25,000 (\$111,000)	\$ 61,080
Total Project Costs		\$426,400





PART THREE: Standard Form (SF) 424, Application for Federal Assistance.

To apply for EPA assistance, this form *must* be filled out completely. Detailed instructions are on the reverse side of the blank form. Additional information to help you fill out the form is provided below. Some blocks are optional, as noted.

Form (SF) 424: Blocks 1 - 7

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED JANUARY 1, 2004	ware the delegation of	Applicant Ider OPTIONAL -	ntifier FOR YOUR USE IF NEEDED
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED BY	STATE	State Applicat	
Application	Pre-application	LEAVE BLANK		LEAVE BLA	NK
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	FederalIdenti	ifier
Non-Construction	Non-Construction	LEAVE BLANK		LEAVE BL	ANK
5. APPLICANT INFORMATIO			10		
Legal Name:			Organizational Unit:	į.	
ABC COMMUNITY ADVOCAT	res		Department: (OPTIONAL - USE IF	APPLICABLE)	ENVIRONMENTAL SERVICES
Organizational DUNS: (NEW REQUIREMENT! - SEE	INSTRUCTIONS) 12-3	45-6789	Division: (OPTIONAL - USE IF	APPLICABLE)	AIR QUALITY
Address:		Deserving.			erson to be contacted on matters
Street: 123 MAIN STREET			involving this applic		ea code)
123 MAIN STREET			Prefix: DR.	First Name:	JOHN
City: ANYTOWN			Middle Name THOM	IAS	
County: ANY COUNTY			Last Name JONES		
State: ANY STATE	Zip Code 99999		Suffix: PhD.		
Country: USA	014 A 1 1 A 2 4 4 5 5 5 1 A 2 4 4 4 4 5 1 A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Email: (PLEASE PROVIDE	IF AVAILABLE	E) JJONES@ABC.ORG
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
1 2 - 3 4 5 6 7 8	9		(111) 555-1234		(111) 555-4321
			7. TYPE OF APPLIC	ANT: (See bad	k of form for Application Types)
			O - NOT FOR PROF	IT ORGANIZAT	TON
			Other (specify)	ESIGNATION	(OPTIONAL INFORMATION)

Block 4 *Federal Identifier*. If this is an application for a new grant, leave this blank. If this is an application for an amendment/revision or continuation of a current grant, please enter the grant number in this block.

Block 5. The *Organizational DUNS* # is a requirement for applicants for all federal grants, not just EPA. Also, please include the *Email address* for your contact information. This will help EPA in communicating with you

Block 7. Select from the applicant types shown on the back of the 424. If there is no category which corresponds to your organization, specify under "Other." Also, if you are a Not For Profit Organization, please also provide the designation **i.e:** 501(c)(3) assigned to you by the Internal Revenue Service.





PART THREE: Standard Form (SF) 424, Application for Federal Assistance.

Application Form SF 424: Blocks 8 - 14

8. TYPE OF APPLICAT	ON:		7	
If Revision, enter appropries (See back of form for des Other (specify)	cription of letters.)	Revision	9. NAME OF FEDERAL AGE EPA (REQUIRED) SAM SM 11. DESCRIPTIVE TITLE OF	ITH (OPTIONAL)
10. CATALOG OF FED	ERAL DOMESTIC ASSISTANCE N	NUMBER:		
	n): CTIVITIES RELATED TO THE CLE. BY PROJECT (Cities, Counties, St ATE		ADJACENT TO INTERSTAT	OF EMISSIONS ON COMMUNITIES E HIGHWAYS
13. PROPOSED PROJE	CT		14. CONGRESSIONAL DIST	TRICTS OF:
Start Date: JULY 1, 2004	Ending Date: JUNE 30,2005		a. Applicant 7	b. Project STATE WIDE

- **Block 8.** Do not leave this blank. If you are not sure, consult the instructions on the reverse of the form or contact your EPA Project Officer.
- **Block 9.** The agency name is "EPA." Please also include the name of the EPA Project Officer you are working with, if you know it. This is optional, but useful.
- **Block 10.** The *CFDA Number* and *Program Title* are required. It is important that this information be accurate, so please consult the Catalog of Federal Domestic Assistance (CFDA) for the correct number, and enter it and at least an abbreviated version of the program title in this block.
 - CFDA on-line at: www.cfda.gov.

Information on EPA Programs at: http://www.epa.gov/ogd/grants/cfda.htm
Or contact your EPA Project Officer.

- **Block 11.** Even if you do not have a formal title for your project, please use this space to provide a brief description.
- **Block 12.** List the geographical area(s) affected by your project. It may involve multiple jurisdictions.
- **Block 13.** Please give month, day and year for start and end dates. Most projects start on the first day of a month, and end on the last day. If you have not yet decided on the first day of your project, use the first day of the start month; if you cannot determine the last day of the project, use the last day of the end month.
- **Block 14.** This is required information. Please list the number of the *Federal* Congressional District in which your organization is located. This may not necessarily be the district in which you will be conducting your project. Also, your project may cover more than one district. Multiple entries are okay.





PART THREE: Standard Form (SF) 424, Application for Federal Assistance.

The Application Form SF 424: Blocks 15 - 18

a. Federal b. Applicant c. State c. State c. State d. Local e. Other f. Program Income g. TOTAL s. THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MS b. Title EXECUTIVE DIRECTOR d. Signature of Authorized Representative Previous Edition Usable THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 THIS PREAPPLICATION APPLICATION	15. ESTIMATED FUNDI	NG:	MAN	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
b. Applicant c. State s 26,400 DATE: DATE: DATE	a. Federal	\$	400,000	a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER 1237.
d. Local \$	b. Applicant	\$		
e. Other \$	c. State	\$.00	DATE:
f. Program Income f. Review f. Pres' attach an explanation. f. No f. Program Income	d. Local	\$.00	b. No. 🗇 PROGRAM IS NOT COVERED BY E. O. 12372
g. TOTAL \$ 426,400	e. Other	5		FOR REVIEW
426,400	f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MS Last Name JONES b. Title EXECUTIVE DIRECTOR d. Signature of Authorized Representative Previous Edition Usable Standard Form 424 (Rev.9-2003)	g. TOTAL	\$		☐ Yes If "Yes" attach an explanation.
Last Name JONES b. Title EXECUTIVE DIRECTOR d. Signature of Authorized Representative Previous Edition Usable SALLY Suffix c. Telephone Number (give area code) (111) 555-3124 e. Date Signed JANUARY 1, 2004 Standard Form 424 (Rev.9-2003)	DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AUTHORIZED	BY THE GOVERNING BODY O	
Last Name JONES b. Title EXECUTIVE DIRECTOR d. Signature of Authorized Representative Previous Edition Usable SALLY Suffix c. Telephone Number (give area code) (111) 555-3124 e. Date Signed JANUARY 1, 2004 Standard Form 424 (Rev.9-2003)	a. Authorized Representa	ative		10,30 (W. 2004) - 300 C.
JONES	Prefix MS	First Name SA	LLY	Middle Name
EXECUTIVE DIRECTOR d. Signature of Authorized Representative e. Date Signed JANUARY 1, 2004 Previous Edition Usable Standard Form 424 (Rev.9-2003)	Last Name JONES			Suffix
JANUARY 1, 2004 Previous Edition Usable Standard Form 424 (Rev.9-2003)	b. Title EXECUTIVE DIR	ECTOR		c. Telephone Number (give area code) (111) 555-3124
	d. Signature of Authorized	d Representative		e. Date Signed JANUARY 1, 2004
	Previous Edition Usable	roduction		

Block 15, a - g. Fill in all that apply. In this example, the applicant is requesting \$400,000 in Federal (EPA) Funding and has entered that on line a. The applicant is also adding \$26,400 of their own funding, on line b. The total amount of the project is the sum of the two, on line g. Please note that the total of \$426,400 matches the total shown on the budget detail discussed in Part 1 of this handbook

Block 16. Applicants from Alaska, Idaho, Oregon and Washington: please mark as shown in the example.

Block 17. This question must be answered. The question applies to the organization applying for the grant, not the person signing the application. If left blank, the application will be returned to you, and processing of your application package will be delayed. If you check "yes," you must attach an explanation, as directed.

Note: Delinquency on a Federal Debt does not necessarily disqualify you from receiving a grant from EPA.

Block 18. This is required. It must be signed by the authorized representative, as established by your organization, and it must be dated. If it is not signed, the application will be returned to you, and processing of your application package will be delayed. Please use blue ink for your signature, if at all possible.

Continue to Part Four, Standard Form 424A, Budget Information





PART FOUR: The Application - Standard Form (SF) 424A, Budget Information

The SF 424A is used to summarize all the financial information contained in the Detailed Budget for your project, and will constitute the financial portion of your assistance agreement. Please make sure this information accurately reflects the Detailed Budget. Please also double-check to see that all calculations are correct.

Section A - Budget Summary. Generally, columns (c) and (d) are not needed, unless relevant to your specific grant proposal. However, columns (e) - (g) must be filled in by all applicants. Notice that the total budget for your project includes the amount you are requesting from EPA and **your match/cost-share** amount (if any). These numbers must be the same as those you enter in Block 15 of the application, SF 424, as well as in the detailed budget discussed in Part One of this handbook.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

		SECT	ION	A - BUDGET SUM	MAF	RY				
Grant Program Function	Catalog of Federal Domestic Assistance	Estimated Unc	blig	ated Funds			Ne	w or Revised Budge	t	
or Activity (a)	Number (b)	Federal (c)		Non-Federal (d)		Federal (e)		Non-Federal (f)		Total (g)
CAA Special Project		\$	\$		\$	400,000.00	\$	26,400.00	\$	426,400.00
2.					2					0.00
3.				,	7					0.00
4.										0.00
5. Totals		\$ 0.00	\$	0.00	\$	400,000.00	\$	26,400.00	\$	426,400.00





PART FOUR: The Application - Standard Form (SF) 424A, Budget Information

Section B - Budget Categories. *This is the most important part of this form*, and your figures *must* be accurate. This information is the summary of the calculations from your Detailed Budget. The totals from each budget category on your Detailed Budget must match the Object Class Categories shown in block 6, below. Also please note that this budget reflects the total project cost, which is the amount you are requesting from EPA, plus any match/cost share amount.

4 (1 4)	SECTION	ON B - BUDGET CATE	GORIES	25	
6. Object Class Categories	5330 45 260	GRANT PROGRAM, F	UNCTION OR ACTIVITY		Total
The state of the s	(1)	(2)	(3)	(4)	(5)
a. Personnel	165,000.00	\$	\$	\$	165,000.00
b. Fringe Benefits	33,000.00				33,000.00
c. Travel	5,120.00				5,120.00
d. Equipment	10,000.00				10,000.00
e. Supplies	5,000.00				5,000.00
f. Contractual	136,000.00				136,000.00
g. Construction					0.00
h. Other	11,200.00				11,200.00
i. Total Direct Charges (sum of 6a-6h)	365,320.00	0.00	0.00	0.00	365,320.00
j. Indirect Charges	61,080.00				61,080.00
k. TOTALS (sum of 6i and 6j)	\$ 426,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 426,400.00
7. Program Income	\$	e	e	¢	\$ 0.00

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97) Prescribed by OMB Circular A-102

Previous Edition Usable





PART FOUR: The Application - Standard Form (SF) 424A, Budget Information

Sections C - E. These are not required by EPA.

(a) (ع Grant Program	ECTION C - NON-FEDE (b) Applie		(d) Other Sources	(e) TOTALS
(a) (Starrer rogram	(b) Appli	cant (c) Grate	(d) Other Cources	(e) TOTALO
8.		\$	\$	\$	\$ 0.00
		1	1	ı	
	s	ECTION D - FORECAS	TED CASH NEEDS		
13. Federal	S Total for 1s			r 3rd Quarter	4th Quarter

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	į.	FUTURE FUNDING PERIODS (Years)			
STATE OF STATES STATES	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	

Section F. EPA does require additional information concerning the Indirect Costs you have included in your budget. Please use this section for that information.

SECTION F -	OTHER BUDGET INFORMATION	
21. Direct Charges: \$365,320 MODIFIED DIRECT = \$244,320	22. Indirect Charges: \$61,080	
23. Remarks: APPROVED INDIRECT RATE IS 25%. PLEASE SEE DI	ETAILED BUDGET FOR CALCULATIONS.	

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- **Block 21.** Please show the Direct Costs for your project. If possible, also show the Modified Direct Costs, commonly known as the "Direct Cost Base," which are subject to application of your approved Indirect Rate.
- **Block 22.** Please list the Indirect Costs for your project, as shown.
- **Block 23.** Please use this space for any additional information pertaining to Indirect Costs.





PART FIVE: Submitting The Application Package

Before you submit your assistance application package, please make sure it is complete and accurate. If it is not, it will be returned to you, processing will be delayed, and your project may not be funded.

Use the following checklist to determine which documents should be included in your application package. All forms are included in Appendix A of this handbook.

Document	Requirement	✓	
The following four documents have been discussed in detail in this handbook:			
Signed Application for Federal Assistance (SF-424)	Required for all assistance agreement applications.		
Budget Information (SF-424A) 🖘	Required for all assistance agreement applications.		
Project Work Plan	Required for all assistance agreement applications.		
Detailed Project Budget	Required for all assistance agreement applications.		
These documents have not been discussed in included on the forms.	detail in this handbook. Instructions are		
Signed Pre-Award Compliance Review Report (EPA Form 4700-4) 🖘	applications, unless included in a bundling		
Signed Assurances, Non-construction Programs Form (SF-424b)	Required for new assistance agreement applications, unless included in a bundling package (see below). Not required for amendments to existing assistance agreements.		





PART FIVE: Submitting The Application Package... (continued)

Document	Requirement	~
Survey of Recipient's Management Systems	Optional, but requested from first -time applicants, as it helps to determine if you have adequate standards and systems in place to meet federal requirements. Recommended from others. May be included in a bundling package (see below).	
Certification Regarding Lobbying 🖘	If the requested EPA funding is more than \$100,000, OR if your application is for additional funding for a current grant, and the revised total EPA funding exceeds \$100,000. May be included in a bundling package (see below).	
Disclosure of Lobbying Activities (SF LLL).	If EPA funding totals over \$100,000 AND your organization is or will be conducting lobbying activities.	
Procurement System Certification (EPA Form 5700-48).	Required for Superfund program projects only. May be included in a bundling package (see below).	
A current approved Indirect Cost Rate Agreement, or approved Cost Allocation Plan.	Required if your budget includes indirect costs AND your organization is a State or Tribal Government, or Educational Institution	
Quality Assurance Plan.	Required if your project involves environmentally related measurements or data generation/collection.	
Bundling Letter.	If applying for multiple grants with EPA Region 10 (see below for details).	
Key Contacts List	Optional, but helpful for EPA staff.	
Other Documentation	As required by a specific program, or requested by your EPA Project Officer or Grants Specialist	





PART FIVE: Submitting The Application Package... (continued)

FOR RECIPIENTS WHO RECEIVE MULTIPLE GRANTS WITH EPA, REGION 10...

In order to reduce paper work, applicants may submit an **annual** assistance certification and assurance package, a process referred to as **bundling**. The bundling package includes the following signed forms/certifications:

- Assurances Non-Construction Programs (SF424B)
- Pre-award Compliance Review Report (EPA Form 4700-4)
- Survey of Recipient's Management Systems (Optional Form)
- Certification Regarding Lobbying
- Procurement System Certification (EPA Form 5700-48) if applicable.

You may take advantage of the bundling option, by using the **Sample Bundling Letter** provided in the appendices to this Application Handbook **OR** by providing a cover letter/memo with the signed forms/certifications that includes the following information:

- Which applications are covered (for example: "all environmental programs");
- The time frame the certifications and assurances are valid (not to exceed one year, for example: January 1, 2004 to December 31, 2004); and
- A statement that if any changes occur during the period, or the annual certification(s) does not apply to a particular assistance application, EPA will be notified immediately, and revised/updated form(s) will be provided.

Please remember that all other required forms <u>not</u> specified above <u>must</u> be submitted with each application package.

Resources For Forms:

- Blank Forms Can Be Found in the Appendices to this Application Handbook.
- Forms Marked © Can Be Found On-line at: http://www.epa.gov/ogd/AppKit/application.htm





PART FIVE: Submitting The Application Package... (continued)

Reasons Why Applications May Be Returned to You for Revision or Processing Delayed:

- Application and/or certifications are not signed by or "for" the Authorized Representative.
- Required certifications are missing or not completed correctly.
- Detailed Budget does not match with the SF-424A.
- Quality Assurance Requirement is not appropriately addressed.
- Budget items cannot be linked to work plan tasks (and vice versa). Examples:
 - Work plan contains tasks that are not supported in the budget (tasks requiring specific budget elements that are not present).
 - No mention of travel in the work plan, but travel is included in the budget.
 - Tasks in work plan not identified as being performed by contractors or consultants, but contractual funding is included in the budget.
 - Work plan is inconsistent with the grant program guidance.
- Work plan is too vague or generic. Examples:
 - Goals and objectives are not clearly defined.
 - Deliverables and outputs are not identified in the work plan.
 - Tasks are not clearly identified and explained (usually vague) to show how the tasks will help accomplish project goals and objectives.
- Travel and/or training costs are not sufficiently justified or detailed.
- Need for budget items is not clearly explained.
- Costs in the budget are not allowable either by regulation, applicable cost principles or grant program guidance.
- Indirect cost rate is applied incorrectly or approved cost rate agreement has expired.

Please!

Do *Not* Submit Incomplete Application Packages Unless Specifically Requested to Do So for Pre-application Review

Incomplete Packages Will Delay Review And May Result in Funding Not Being Awarded In a Timely Manner

To allow adequate time for review, please submit application packages <u>at least 90 days</u> prior to your requested project start date.





PART FIVE: Submitting The Application Package... (continued)

Note: If you are submitting an application for a continuation of a current assistance agreement for one of the following Environmental Programs. . .

CFDA#	Program Description	CFDA #	Program Description	
66.001	Air Pollution Control Program Support	66.465	Performance Partnership Grants	
66.032	State Indoor Radon Grants	66.700	Pesticide Cooperative Enforcement	
66.418	State Administration of Construction Grant, Permit, and Planning Programs	66.700	Pesticide Applicator Certification & Training	
66.419	Water Pollution Control	66.700	Pesticide Program Implementation	
66.432	Public Water System Supervision	66.701	Toxic Substances Compliance Monitoring	
66.433	Underground Water Source Protection	66.707	Lead-based Paint Program	
66.454	Water Quality Management Planning	66.708	Pollution Prevention State Grants	
66.460	Non point Source Management	66.801	Hazardous Waste Management	
66.461	Wetlands Development Grants Program	66.804	State Underground Storage Tanks	
66.463	Water Quality Coop. Agreements (NPDES)			

... your application must be submitted prior to the end of the current budget period in order for costs incurred from the end of the budget period to the date of award of a continuation grant to be allowable for Federal participation. Please allow at least sixty (60) days from the date of submission for processing.



REGION 10

PART FIVE: Submitting The Application Package... (continued)

Unless instructed otherwise in the Request For Proposal or by an EPA Project Officer:

SUBMIT YOUR COMPLETED APPLICATION PACKAGE (ORIGINAL PLUS ONE COPY)

TO:

U. S. Environmental Protection Agency Grants Administration Unit 1200 Sixth Avenue, OMP-145 Seattle, Washington 98101